|  | Mail with Report to: <br> New J ersey Division of Taxation, PO Box 189, Trenton, NJ, 08695-0189 | Month | Year |
| :---: | :---: | :---: | :---: |
|  |  | Due Date: |  |
|  |  | On orbefore the 25th day of the month following the report month. |  |
| OMF-11 |  |  |  |
| FID\# | TERMINAL NUMBER |  |  |
| NAME OF OPERATOR | NAME OF TERMINAL |  |  |
| ADDRESS - NUMBER \& STREE | LOCATION OF TERMINAL |  |  |
| CITY STATE ZP CODE | CITY | STATE | ODE |
|  | P.C. | P.C. | P.C. |
| 1. Fuel in Inventory Beginning of Month |  |  |  |
| 2. Total Fuel Received During the Month |  |  |  |
| 3. Total Fuel Available (line 1 plus line 2) |  |  |  |
| 4. Total Fuel Disbursements During the Month |  |  |  |
| 5. Ending Inventory (line 3 minus line 4) |  |  |  |
| $6 . \quad$ Total Fuel Accounted for (line 4 plus line 5) |  |  |  |
| 7. Gain or Loss (line 3 minus line 6) |  |  |  |
| 8. Actual Physical Ending Inventory |  |  |  |
| I declare under penalties provided by the law that all the information contained in this retum and in all schedules and statements in support of it is true and accurate in every particular. |  |  |  |
| Signature of authorized Officer of Taxpayer Title |  | Date |  |
| Signature of Individual or Fim Preparing Retum $\quad$ Federal Identific ation Number |  | Date |  |




